

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>BS</i>	66621	5/26
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>DS</i>	71480	8-1-00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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Claim	Date
Final	
Original	
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Claim	Date
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If more than 150 claims or 10 actions  
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